

Case Number:	CM15-0013289		
Date Assigned:	01/30/2015	Date of Injury:	08/18/1998
Decision Date:	03/23/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/22/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 63 year old female, who sustained an industrial injury on 08/18/1998. The diagnoses have included cervical degenerative disk disease, cervical radiculopathy, lumbar degenerative disk disease, and lumbar radiculopathy. Treatments to date have included recent Transforaminal epidural steroid injection on 01/02/2015, physical therapy, acupuncture, Transcutaneous Electrical Nerve Stimulation Unit, Psychiatrist/Psychologist visits, and medications. Diagnostics to date have included urine drug screen on 12/24/2014 which detected prescribed medications. In a progress note dated 12/24/2014, the injured worker presented with complaints of neck and low back pain. The treating physician reported increased pain in the lower back radiating to bilateral legs. Utilization Review determination on 01/12/2015 non-certified the request for Toxicology Screen and Baclofen 20mg Quantity: 240.00 citing Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Toxicology screen qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) Page 43 of 127. Decision based on Non-MTUS Citation Chronic Pain Chapter.

Decision rationale: No, the request for a urine toxicology screen was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, notes that an attending provider should attach an applicant's complete medication list to the Request for Authorization for testing and should eschew confirmatory and/or quantitative testing outside of the Emergency Department Drug Overdose context, should clearly state which drug tests and/or drug panels he intends to test for, should identify when an applicant was last tested, and should attempt to categorize the applicants into higher- or lower-risk categories for which more or less frequent drug testing would be indicated. Here, however, the attending provider did not state when the applicant was last tested. The attending provider did not signal his intention to conform to the best practices of the United States Department of Transportation when performing drug testing. The attending provider did not state when the applicant was last tested. The attending provider did not state whether the applicant was a higher- or lower-risk candidate for which more or less frequent drug testing would be indicated. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

Baclofen 20mg qty:240.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) Page 7 of 127.

Decision rationale: Similarly, the request for baclofen, an antispasmodic medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, the applicant was/is seemingly off of work. Permanent work restrictions were renewed, unchanged, from visit to visit, despite ongoing usage of baclofen. The applicant remained dependent on opioid agents such as Opana. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of baclofen. Therefore, the request was not medically necessary.